

## CRS Process monitoring Tool Concurrent Review

<b>REVIEWERS' NAME:</b> 1. 2.	<b>CRS Site:</b>	<b>REVIEW DATE:</b>	
<b>Concurrent Review- Required Process Elements</b>		<b>Maximum Itemized Score</b>	<b>Earned Score</b>
			<b>Number</b> <b>Percent</b>
<b>The CRS Regional Contractors' <u>shall</u> have written process (and/or policies and procedures) that contains all following elements for the concurrent review process:</b>		<b>350</b>	
<b>A.</b> Ensure that there is adequate, qualified, professional medical staff to conduct reviews (a physician, physician assistant, nurse practitioner and/or a RN/BSN).		25	
<b>B.</b> A process to determine the medical necessity for on-going institutional care. Medical necessity Review must include what relevant clinical information is to be obtained when making hospital length of stay decisions such as diagnosis, required services, diagnostic test results, and symptoms.		25	
<b>C.</b> Use InterQual's Level of Care Criteria and/or Milliman and Robertson's Healthcare Management Guidelines, Inpatient and Surgical Care.		25	
<b>D.</b> Specify timeframes and frequency for conducting concurrent review and decisions. ( <b>Note:</b> The InterQual's 2006 Level of care in their review process for "Continued Stay Rule/Actions" recommends that for the "intensity of service" must be met daily but the "case" may be reviewed every few days usually not to exceed every three days). Assign new review date.		50	
<b>E.</b> All previously (prior) authorized stays will have a specific date by which the need for continued stay would be reviewed.		20	
<b>F.</b> Reviews of an admission <u>not prior authorized</u> will be conducted <u>within one business day</u> after notification. A new review date shall be assigned each time a concurrent review occurs.		20	
<b>G.</b> Ensure consistent application of review criteria and compatible decisions that include inter-rater reliability criterion and monitoring of all staff involved in the concurrent review process, including the Regional Medical Director.		25	
<b>H.</b> Establish a method for participation in the discharge planning for hospitalized members.		10	
<b>I.</b> Decisions on coverage and medical necessity must be		25	

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clearly documented.			
J. The concurrent review staff shall have a process in place to communicate with the Regional Medical Director when a CRS member is found ineligible for a particular service or set of services.		10	
K. All denials for continued services <u>shall be</u> signed by the CRS Regional Medical Director.		25	
L. CRS Regional Contractor's utilization review staff shall coordinate with the hospital/facility Utilization Review Department and Business Office regarding any change in authorization status.		10	
M. Written notification of a denial of hospital days or services for a CRS member shall be sent to the CRS attending physician and all representative parties, including the insurance carrier, parent or guardian, within 24 hrs prior to date of discontinued coverage.		20	
N. Ensure a process for review by another qualified physician in the event an ordering physician challenges a length of stay or level of care determination or decision of medical necessity.		10	
O. Standard form is utilized for reviews which includes all required elements.		40	
<b>OVERALL SCORE</b>		<b>350</b>	

### References:

- 1) AHCCCS Medical Policy and Procedure Manual 1020 6 B
- 2) Contract # HP 361008 Tasks 15 & 32
- 3) CRS Policy and Procedure Manual 80.403